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11-27-A



PATENT APPLICATION TRANSMITTAL	Atty Docket : 3815/137			Total Pages: 41																																																		
				Express Mail Label No.: EL920637683US																																																		
<p>BOX PATENT APPLICATION Assistant Commissioner for Patents Washington, D.C. 20231 Re: Applicant(s) or Identifier: IKEDA, et al.; U.S. Serial No.: To be Assigned Filed: Herewith Title: PAGING CONTROL METHOD AND PAGING CONTROL SYSTEM IN COMMUNICATION SYSTEM</p> <p>Kindly file the annexed papers indicated below:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Application for Patent including Specification (<u>31</u> pages) and Drawings (6 sheets) <input checked="" type="checkbox"/> Declaration and Power of Attorney (<u>3</u> pages) [Unexecuted] <input checked="" type="checkbox"/> Return postcard <p>The fee has been calculated as follows: FEE WILL BE PAID LATER.</p> <table border="1"> <thead> <tr> <th></th> <th>Claims</th> <th>Claims Paid for</th> <th>Extra</th> <th>Rate (Sm. Ent.)</th> <th>Fee</th> <th>Rate</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td colspan="4">BASIC FILING FEE</td> <td>\$ 740/370</td> <td>\$</td> <td>\$ 740</td> <td>\$ 740</td> </tr> <tr> <td>Total</td> <td>23</td> <td>- 20 =</td> <td>3</td> <td>x \$ 18/9</td> <td>\$0.00</td> <td>x \$18</td> <td>\$ 54</td> </tr> <tr> <td>Indep.</td> <td>8</td> <td>- 3 =</td> <td>5</td> <td>x \$ 84/42</td> <td>\$0.00</td> <td>x \$84</td> <td>\$ 420</td> </tr> <tr> <td colspan="4">Multiple dependent claims</td> <td>+ \$ 280</td> <td></td> <td>+ \$280</td> <td>\$ 280</td> </tr> <tr> <td colspan="4"></td> <td>TOTAL</td> <td></td> <td></td> <td>\$ 1,494</td> </tr> </tbody> </table> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p>The Commissioner is hereby authorized to charge any deficiency in fees or fees which may be required during the entire pendency of this application, or to credit any overpayments, to the undersigned attorney's Deposit Account No. <u>02-4270</u>.</p> <p>Respectfully submitted,</p> <p>Dated: <u>Nov. 6, 2001</u></p> <p>By: <u>Ralph F. Hoppin</u> Ralph F. Hoppin, Reg. No. 38,494 Brown Raysman Millstein Felder & Steiner LLP Attorney for Applicants 900 Third Avenue New York, New York 10022 Phone: (212) 895-2000 Fax: (212) 895-2900</p>								Claims	Claims Paid for	Extra	Rate (Sm. Ent.)	Fee	Rate	Fee	BASIC FILING FEE				\$ 740/370	\$	\$ 740	\$ 740	Total	23	- 20 =	3	x \$ 18/9	\$0.00	x \$18	\$ 54	Indep.	8	- 3 =	5	x \$ 84/42	\$0.00	x \$84	\$ 420	Multiple dependent claims				+ \$ 280		+ \$280	\$ 280					TOTAL			\$ 1,494
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